

OTHER PENDING CASE(S)

State of Rhode Island and Providence Plantations

PROVIDENCE, SC

WORKERS' COMPENSATION COURT

Name of health care provider:

Employee to whom services were furnished:

Petitioner

Patient Name

Address

Address

- V -

Social Security Number

Name of Patients' Employer

Insurance Carrier of Employer

Business Address

Address

Agent for service of process (if a corporation or partnership)

Address

Petition For An Order Concerning Payment For Medical Services.

The petitioner requests an order for the payment of medical or related services, as defined in the Workers' Compensation Act, which were furnished by the petitioner to the above named injured employee, and in support of this petition says:

1. The above named employer is liable for the payment of such medical and related services by reason of an agreement or decree concerning compensation. A COPY OF THE AGREEMENT OR DECREE ESTABLISHING SUCH LIABILITY IS ATTACHED HERETO.
2. The services furnished were necessary in order to cure, rehabilitate or relieve said employee from the effect of an injury which was sustained on (Date of Injury) , or from the effects of an occupational disease which caused disablement on said date.
3. The petitioner has complied with all requirements of the Workers' Compensation Act concerning notice, reports, and bills; and permission for surgery, if applicable. (Sections 28-33-5 — 28-33-10).
4. AN ITEMIZED BILL IN TRIPLICATE, showing dates, nature of services, charges, and credits for any payments received, is filed herewith.
5. Petitioner states that twenty-one (21) days have passed since written demand for payment upon the employer or insurer or written notice to the employer or insurer of their failure to fulfill the obligation have passed. (Section 28-35-12).

Name, Address and Bar Registration Number of Attorney for Petitioner

Signature of Petitioner

File three copies with Administrator of Workers' Compensation Court, J. Joseph Garrahy Judicial Complex, 1 Dorrance Plaza, Providence, Rhode Island 02903-3973. Attach an exact copy of the preliminary agreement or decree which establishes the liability of the employer for benefits under the Workers' Compensation Act and an itemized bill, in triplicate.